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PLACE OF BIRTH		NA STATE BOA	RD OF HEALTH State Index No. 44
District of	Original Cer	TIFICATE OF BIRTH	Co. Register No
or City of	(No	S	t;Ward)
FULL NAME OF CHILD Co. If child is not named, make Supp	ndy Llong Jemenski Report on bl	as Beach	Born YES (istrar. Alive)
Sex of Triplet Or other	and Number of birts	Legiti- mate?	Of May 12 - 1919. (Month) (Day) (Yr.)
Full FATHER Name (Poland Wan	iel Beach	Full MOTI	B. M. Kinn
Residence Miami, a	rig .	Residency Miam	i ang
	nt last hday (Years)	Color or Race White	Age at last 18 Birthday (Years)
Birthplace Lawrence.	olorado	Birthplace New	mexico
Occupation Minus		Occupation	revile.
fumber of child of this mother	Children, of this mother, now living	Were precautions taken again	nst Ophthalmia neonatorum?
CERTIFIC	ATE OF ATTENDIN	G PHYSICIAN OR MIDV	VIFE*
I hereby certify that I attended th		.d that it occurred on	Nay 12, 1919, at 4 P.M.
When there is no attending period of midwife, then the househ should make this return.	hysi- older	(Signature) (Attributing physi	nidwife, householder.)
Given or Christian name added f	rom a	AddressA	mi, Argon
upplemental report	191	5 191 9. No	LOCAL REGISTRAR.
124-512-149 COUNTY REGISTR	Filed UL 7	1919 True Copy	COUNTY REGISTRAR.
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